PTO/SB/22 (07-09)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009			Docket Number (Optional) 14113-00043-US	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)				
Application Number 10/590,037-Conf. #5568			Filed At	igust 18, 2006
For	ORGANIC ELECTRONIC DEVICES			
Art Uı	nit 1794		Examiner	M. H. Wilson
This is applic	a request under the provisions of 37 CFR 1.136 ation.	(a) to extend the peri	iod for filing a reply in t	he above identified
The re	quested extension and fee are as follows (check	time period desired	and enter the appropri	ate fee below):
İ		<u>Fee</u>	Small Entity Fee	
	x One month (37 CFR 1.17(a)(1))	\$130	\$65	\$130.00_
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  x Payment by credit card.				
<u> </u>	The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director has already been authorized to charge any fees which may be required, or credit any overpayment, to     Deposit Account Number 03-2775 .				
	WARNING: Information on this form may become Provide credit card information and authorization	public. Credit card in	formation should not be	included on this form.
۱a	m the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	x attorney or agent of record. Re			-
	attorney or agent under 37 CFI	R 1.34.		
	Registration number if acting to			······································
	/Ashley I. Pezzner/	August 6, 2009		
	Signature		Date	
	Ashley I. Pezzner		(302) 658-9141	
Typed or printed name Telephone Number				one Number
	TE: Signatures of all the inventors or assignees of record of the n one signature is required, see below.	e entire interest or their repr	resentative(s) are required. S	iubmit multipte forms if more
	Total of 1 forms are sub	mitted.		

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